EDS - UB92 HEADER LAYOUT

MEDSTAT FIELD	FIELD SIZE	FORMAT	TABLE NAME	FIELD	DESCRIPTION	NOTES
Claim Number	13	Char	T_ PD_UB92_HDR	NUM_ICN	Claim ICN	
Number of Detail Lines	5	Numeric	T_PD_UB92_HDR	NUM_DTL_TOTAL	Total number of details on paid claim.	
Claim Status	1	Char	T_PD_UB92_HDR	CDE_CLM_STATUS	Indicates current status of claim. P = Paid	
Claim Type	1	Char	T_PD_UB92_HDR	CDE_CLM_TYPE	Code that specifies the type of claim record.	A, C, H, I, L, O
Bill Type	3	Char	T_PD_UB92_HDR	CDE_TYPE_OF_BILL	Code which indicates the specific type of facility that is billing for services	
Date Admit	8	Date	T_PD_UB92_HDR	DTE_ADMISSION	Date that the recipient was admitted by the provider for in-facility care	Inp(I), LTC(L), X-over A
Hour Admit	2	Char	T_PD_UB92_HDR	CDE_ADMIT_HOUR	The hour during which the patient was admitted for inpatient or outpatient care.	
Admit Type	1	Char	T_PD_UB92_HDR	CDE_ADMIT_TYPE	Code which indicates the priority of the admission	
Discharge Status	2	Char	T_PD_UB92_HDR	CDE_PATIENT_STATUS	Code that indicates the status of the recipient as of the ending service date.	Inp, LTC and X-over A
Patient Liability	13 (10,2)	Amount	T_PD_UB92_HDR	AMT_PD_PAT_UB92	Amount of money a recipient is responsible for paying for services that were rendered. Includes patient liability, amount contributed by patient for non-covered services and spenddown	Exists on Nursing Home.
Service Location	1	Char	T_PD_UB92_HDR	CDE_SERVICE_LOC	Code indicating where services were provided.	
Date Billed	8	Date	T_PD_UB92_HDR	DTE_BILLED	Date on which the provider submitted the claim for payment.	
Total Charge Submitted	13 (10,2)	Amount	T_PD_UB92_HDR	AMT_BILLED_UB92	Sum of the billed amounts for all details on the claim.	
Total Allowed	13 (10,2)	Amount	T_PD_UB92_HDR	AMT_PAID	Total amount allowed for all details minus TPL, Co-pay or other header cutback amounts.	
Date First Service	8	Date	T_PD_UB92_HDR	DTE_FIRST_SVC	Date on which service was first provided (earliest date of all details)	
Date Last Service	8	Date	T_PD_UB92_HDR	DTE_LAST_SVC	Date on which service was last provided (latest date of all details)	
ID Provider Attending	10	Char	T_PD_UB92_HDR	ID_PROV_ATTEND	The number of the licensed physician who would be expected to certify and re-certify the medical necessity of the services rendered and/or who has primary responsibility for the patient's medical care and treatment.	
ID Provider Attending 2	10	Char	T_PD_UB92_HDR	ID_PROV_OTHER	License number of the physician who performed the principal procedure.	
ID Provider Attending 3	10	Char	T_PD_UB92_HDR	ID_PROV_OTHER_2	License number of the second physician who performed the principal procedure.	
Net Payment	13 (10,2)	Amount	T_PD_UB92_HDR	AMT_REIMBURSEMENT	Amt paid to provider for services rendered	
Days Covered	5 (4)	Numeric	T_PD_UB92_HDR	NUM_DAYS_COVD	Indicates the number of days covered for the statement period of the claim.	
Certification Code	2	Char	T_PD_PHYS_HDR	CDE_CERTIFICATE	Certification code that belongs to the primary medical provider (PMP)	

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Amount Overhead	13 (10,2)	Amount	T_PD_UB92_HDR	AMT_OVERHEAD	Overhead amount that is used by new home health pricing.	
Taxonomy Code	10	Char	T_UB92_HDR_EXT_KEY	CDE_TAXONOMY	Provider's Taxonomy Code for the claim.	**Added for HIPAA 09-2003.**
MCO ID	9	Char	T_MCO	ID_MCO	MCO ID	**For Shadow only**
Filler	16 or 7	Char	n/a	n/a	n/a	**16 for FFS 7 for Shadow**
Amount Deductible	13 (10,2)	Amount	T_FINAL_PHYS_XOVER	AMT_DEDUCT	Amount due from Medicaid for a deductible charged by Medicare normally paid by recipient.	
Amount Coinsurance	13 (10,2)	Amount	T_FINAL_PHYS_XOVER	AMT_COINSURANCE	Amount due from Medicaid for a coinsurance charged by Medicare normally paid by recipient	
LTC Patient Liability	13 (10,2)	Amount	T_CLM_PATLIAB_X	AMT_PD_PAT_UB92	Amount of money a recipient is responsible for paying for services that were rendered for LTC.	
Date Paid	8	Date	T_HIST_DIRECTORY	DATE_PAID	Cycle date the check of EFT was created	
Amount Allowed	13 (10,2)	Amount	T_UB92_HDR_INP	AMT	Base payment amount for an inpatient claim prior to any payment adjustments such as outliers or medical education costs	
Outlier Amount	13 (10,2)	Amount	T_UB92_HDR_INP	AMT_OUTLIER	Amount reimbursed in addition to the DRG rate for certain inpatient stays that exceed cost thresholds established by the state.	
Capital Costs Amount	13 (10,2)	Amount	T_UB92_HDR_INP	AMT_CAPT_COST	Costs associated with the capital costs of the facility. Capital costs include, but are not limited to, depreciation, interest, property taxes, and property insurance.	
Medical Education Amount	13 (10,2)	Amount	T_UB92_HDR_INP	AMT_MED_ED_COST	The costs associated with the salaries and benefits of medical interns and residents and paramedical education programs.	
Indicator	1	Char	T_UB92_HDR_INP	IND	Outlier indicator	
Code DRG	4	Char	T_DRG	CDE_DRG	Identifies a DRG grouping. The DRG code and description are obtained from HCFA	
Principle Procedure	4	Char	T_UB92_HDR_ICD9CM	CDE_PROC_ICD9	Code indicating the type of surgery performed during the stay. Where Num_Seq is 1.	Inp Only
Procedure Surgical 2	4	Char	T_UB92_HDR_ICD9CM	CDE_PROC_ICD9	Code indicating the type of surgery performed during the stay. Where Num_Seq is 2.	Inp Only
Procedure Surgical 3	4	Char	T_UB92_HDR_ICD9CM	CDE_PROC_ICD9	Code indicating the type of surgery performed during the stay. Where Num_Seq is 3.	Inp Only
Procedure Surgical 4	4	Char	T_UB92_HDR_ICD9CM	CDE_PROC_ICD9	Code indicating the type of surgery performed during the stay. Where Num_Seq is 4.	Inp Only
Procedure Surgical 5	4	Char	T_UB92_HDR_ICD9CM	CDE_PROC_ICD9	Code indicating the type of surgery performed during the stay. Where Num_Seq is 5.	Inp Only
Procedure Surgical 6	4	Char	T_UB92_HDR_ICD9CM	CDE_PROC_ICD9	Code indicating the type of surgery performed during the stay. Where Num_Seq is 6.	Inp Only

Procedure Surgical 7	4	Char	T_UB92_HDR_ICD9CM	CDE_PROC_ICD9	Code indicating the type of surgery performed during the stay. Where Num_Seq is 7.	**Added for HIPAA (07-2005)**
Procedure Surgical 8	4	Char	T_UB92_HDR_ICD9CM	CDE_PROC_ICD9	Code indicating the type of surgery performed during the stay. Where Num_Seq is 8.	**Added for HIPAA (07-2005)**
Procedure Surgical 9	4	Char	T_UB92_HDR_ICD9CM	CDE_PROC_ICD9	Code indicating the type of surgery performed during the stay. Where Num_Seq is 9.	**Added for HIPAA (07-2005)**
Procedure Surgical 10	4	Char	T_UB92_HDR_ICD9CM	CDE_PROC_ICD9	Code indicating the type of surgery performed during the stay. Where Num_Seq is 10.	**Added for HIPAA (07-2005)**
Procedure Surgical 11	4	Char	T_UB92_HDR_ICD9CM	CDE_PROC_ICD9	Code indicating the type of surgery performed during the stay. Where Num_Seq is 11.	**Added for HIPAA (07-2005)**
Procedure Surgical 12	4	Char	T_UB92_HDR_ICD9CM	CDE_PROC_ICD9	Code indicating the type of surgery performed during the stay. Where Num_Seq is 12.	**Added for HIPAA (07-2005)**
Procedure Surgical 13	4	Char	T_UB92_HDR_ICD9CM	CDE_PROC_ICD9	Code indicating the type of surgery performed during the stay. Where Num_Seq is 13.	**Added for HIPAA (07-2005)**
Procedure Surgical 14	4	Char	T_UB92_HDR_ICD9CM	CDE_PROC_ICD9	Code indicating the type of surgery performed during the stay. Where Num_Seq is 14.	**Added for HIPAA (07-2005)**
Procedure Surgical 15	4	Char	T_UB92_HDR_ICD9CM	CDE_PROC_ICD9	Code indicating the type of surgery performed during the stay. Where Num_Seq is 15.	**Added for HIPAA (07-2005)**
Procedure Surgical 16	4	Char	T_UB92_HDR_ICD9CM	CDE_PROC_ICD9	Code indicating the type of surgery performed during the stay. Where Num_Seq is 16.	**Added for HIPAA (07-2005)**
Procedure Surgical 17	4	Char	T_UB92_HDR_ICD9CM	CDE_PROC_ICD9	Code indicating the type of surgery performed during the stay. Where Num_Seq is 17.	**Added for HIPAA (07-2005)**
Procedure Surgical 18	4	Char	T_UB92_HDR_ICD9CM	CDE_PROC_ICD9	Code indicating the type of surgery performed during the stay. Where Num_Seq is 18.	**Added for HIPAA (07-2005)**
Procedure Surgical 19	4	Char	T_UB92_HDR_ICD9CM	CDE_PROC_ICD9	Code indicating the type of surgery performed during the stay. Where Num_Seq is 19.	**Added for HIPAA (07-2005)**
Procedure Surgical 20	4	Char	T_UB92_HDR_ICD9CM	CDE_PROC_ICD9	Code indicating the type of surgery performed during the stay. Where Num_Seq is 20.	**Added for HIPAA (07-2005)**
Procedure Surgical 21	4	Char	T_UB92_HDR_ICD9CM	CDE_PROC_ICD9	Code indicating the type of surgery performed during the stay. Where Num_Seq is 21.	**Added for HIPAA (07-2005)**
Procedure Surgical 22	4	Char	T_UB92_HDR_ICD9CM	CDE_PROC_ICD9	Code indicating the type of surgery performed during the stay. Where Num_Seq is 22.	**Added for HIPAA (07-2005)**
Procedure Surgical 23	4	Char	T_UB92_HDR_ICD9CM	CDE_PROC_ICD9	Code indicating the type of surgery performed during the stay. Where Num_Seq is 23.	**Added for HIPAA (07-2005)**
Procedure Surgical 24	4	Char	T_UB92_HDR_ICD9CM	CDE_PROC_ICD9	Code indicating the type of surgery performed during the stay. Where Num_Seq is 24.	**Added for HIPAA (07-2005)**
Procedure Surgical 25	4	Char	T_UB92_HDR_ICD9CM	CDE_PROC_ICD9	Code indicating the type of surgery performed during the stay. Where Num_Seq is 25.	**Added for HIPAA (07-2005)**
Payment Medicare	13 (10,2)	Amount	T_UB92_HDR_PAYER	AMT_PRIOR_PAYMENT	Amount of payment made by other source. Where CDE is A, other source is Medicare.	CDE = 'A'
Payment Third Party	13 (10,2)	Amount	T_UB92_HDR_PAYER	AMT_PRIOR_PAYMENT	Amount of payment made by other source. Where CDE is B, other source is Other Third Party.	CDE = 'B'
Payment Medicaid Spenddown	13 (10,2)	Amount	T_UB92_HDR_PAYER	AMT_PRIOR_PAYMENT	Amount of payment made by other source. Where CDE is C, other source is Patient	CDE = 'C'

					Spenddown.	
Occurrence code 1	2	Char	T_UB92_HDR_OCC	CDE_OCCURRENCE	Code that defines a significant event relating to a claim that may affect payer processing. Where Cde_Seq is 1.	Inp and HH only.
Occ. code from date 1	9	Date	T_UB92_HDR_OCC	DTE_OCCURRENCE	First date of occurrence. Where Cde_Seq 1.	
Occ. code to date 1	9	Date	T_UB92_HDR_OCC	DTE_OCC_TO	Last date of occurrence. Used only for span occurrence codes. Where Cde_Seq is 1.	
Occurrence code 2	2	Char	T_UB92_HDR_OCC	CDE_OCCURRENCE	Code that defines a significant event relating to a claim that may affect payer processing. Where Cde_Seq is 2.	
Occ. code from date 2	9	Date	T_UB92_HDR_OCC	DTE_OCCURRENCE	First date of occurrence. Where Cde_Seq 2.	
Occ. code to date 2	9	Date	T_UB92_HDR_OCC	DTE_OCC_TO	Last date of occurrence. Used only for span occurrence codes. Where Cde_Seq is 2.	
Occurrence code 3	2	Char	T_UB92_HDR_OCC	CDE_OCCURRENCE	Code that defines a significant event relating to a claim that may affect payer processing. Where Cde_Seq is 3.	
Occ. code from date 3	9	Date	T_UB92_HDR_OCC	DTE_OCCURRENCE	First date of occurrence. Where Cde_Seq 3.	
Occ. code to date 3	9	Date	T_UB92_HDR_OCC	DTE_OCC_TO	Last date of occurrence. Used only for span occurrence codes. Where Cde_Seq is 3.	
Occurrence code 4	2	Char	T_UB92_HDR_OCC	CDE_OCCURRENCE	Code that defines a significant event relating to a claim that may affect payer processing. Where Cde_Seq is 4.	
Occ. code from date 4	9	Date	T_UB92_HDR_OCC	DTE_OCCURRENCE	First date of occurrence. Where Cde_Seq 4.	
Occ. code to date 4	9	Date	T_UB92_HDR_OCC	DTE_OCC_TO	Last date of occurrence. Used only for span occurrence codes. Where Cde_Seq is 4.	
Occurrence code 5	2	Char	T_UB92_HDR_OCC	CDE_OCCURRENCE	Code that defines a significant event relating to a claim that may affect payer processing. Where Cde_Seq is 5.	
Occ. code from date 5	9	Date	T_UB92_HDR_OCC	DTE_OCCURRENCE	First date of occurrence. Where Cde_Seq 5.	
Occ. code to date 5	9	Date	T_UB92_HDR_OCC	DTE_OCC_TO	Last date of occurrence. Used only for span occurrence codes. Where Cde_Seq is 5.	
Occurrence code 6	2	Char	T_UB92_HDR_OCC	CDE_OCCURRENCE	Code that defines a significant event relating to a claim that may affect payer processing. Where Cde_Seq is 6.	
Occ. code from date 6	9	Date	T_UB92_HDR_OCC	DTE_OCCURRENCE	First date of occurrence. Where Cde_Seq 6.	
Occ. code to date 6	9	Date	T_UB92_HDR_OCC	DTE_OCC_TO	Last date of occurrence. Used only for span occurrence codes. Where Cde_Seq is 6.	
Occurrence code 7	2	Char	T_UB92_HDR_OCC	CDE_OCCURRENCE	Code that defines a significant event relating to a claim that may affect payer processing. Where Cde_Seq is 7.	
Occ. code from date 7	9	Date	T_UB92_HDR_OCC	DTE_OCCURRENCE	First date of occurrence. Where Cde_Seq 7.	
Occ. code to date 7	9	Date	T_UB92_HDR_OCC	DTE_OCC_TO	Last date of occurrence. Used only for span occurrence codes. Where Cde_Seq is7.	
Occurrence code 8	2	Char	T_UB92_HDR_OCC	CDE_OCCURRENCE	Code that defines a significant event relating to a claim that may affect payer processing. Where Cde_Seq is 8.	

Occ. code from date 8	9	Date	T_UB92_HDR_OCC	DTE_OCCURRENCE	First date of occurrence. Where Cde_Seq 8.	
Occ. code to date 8	9	Date	T_UB92_HDR_OCC	DTE_OCC_TO	Last date of occurrence. Used only for span occurrence codes. Where Cde_Seq is 8.	
Occurrence code 9	2	Char	T_UB92_HDR_OCC	CDE_OCCURRENCE	Code that defines a significant event relating to a claim that may affect payer processing. Where Cde_Seq is 9.	
Occ. code from date 9	9	Date	T_UB92_HDR_OCC	DTE_OCCURRENCE	First date of occurrence. Where Cde_Seq 9.	
Occ. code to date 9	9	Date	T_UB92_HDR_OCC	DTE_OCC_TO	Last date of occurrence. Used only for span occurrence codes. Where Cde_Seq is 9.	
Occurrence code 10	2	Char	T_UB92_HDR_OCC	CDE_OCCURRENCE	Code that defines a significant event relating to a claim that may affect payer processing. Where Cde_Seq is 10.	
Occ. code from date 10	9	Date	T_UB92_HDR_OCC	DTE_OCCURRENCE	First date of occurrence. Where Cde_Seq 10.	
Occ. code to date 10	9	Date	T_UB92_HDR_OCC	DTE_OCC_TO	Last date of occurrence. Used only for span occurrence codes. Where Cde_Seq is 10.	
Admitting Diagnosis	5	Char	T_UB92_HDR_DIAG_X	CDE_DIAG	Diagnosis code pertaining to the service rendered. Where Cde_Diag_Seq is A	
Injury Diagnosis	5	Char	T_UB92_HDR_DIAG_X	CDE_DIAG	Diagnosis code pertaining to the service rendered. Where Cde_Diag_Seq is E	
Principal Diagnosis	5	Char	T_UB92_HDR_DIAG_X	CDE_DIAG	Diagnosis code pertaining to the service rendered. Where Cde_Diag_Seq is 1	
Diagnosis 2	5	Char	T_UB92_HDR_DIAG_X	CDE_DIAG	Diagnosis code pertaining to the service rendered. Where Cde_Diag_Seq is 2	
Diagnosis 3	5	Char	T_UB92_HDR_DIAG_X	CDE_DIAG	Diagnosis code pertaining to the service rendered. Where Cde_Diag_Seq is 3	
Diagnosis 4	5	Char	T_UB92_HDR_DIAG_X	CDE_DIAG	Diagnosis code pertaining to the service rendered. Where Cde_Diag_Seq is 4	
Diagnosis 5	5	Char	T_UB92_HDR_DIAG_X	CDE_DIAG	Diagnosis code pertaining to the service rendered. Where Cde_Diag_Seq is 5	
Diagnosis 6	5	Char	T_UB92_HDR_DIAG_X	CDE_DIAG	Diagnosis code pertaining to the service rendered. Where Cde_Diag_Seq is 6	
Diagnosis 7	5	Char	T_UB92_HDR_DIAG_X	CDE_DIAG	Diagnosis code pertaining to the service rendered. Where Cde_Diag_Seq is 7	
Diagnosis 8	5	Char	T_UB92_HDR_DIAG_X	CDE_DIAG	Diagnosis code pertaining to the service rendered. Where Cde_Diag_Seq is 8	
Diagnosis 9	5	Char	T_UB92_HDR_DIAG_X	CDE_DIAG	Diagnosis code pertaining to the service rendered. Where Cde_Diag_Seq is 9	
Diagnosis 10	5	Char	T_UB92_HDR_DIAG_X	CDE_DIAG	Diagnosis code pertaining to the service rendered. Where Cde_Diag_Seq is 10	**Added for HIPAA (07/2005)**
Diagnosis 11	5	Char	T_UB92_HDR_DIAG_X	CDE_DIAG	Diagnosis code pertaining to the service rendered. Where Cde_Diag_Seq is 11	**Added for HIPAA (07/2005)**
Diagnosis 12	5	Char	T_UB92_HDR_DIAG_X	CDE_DIAG	Diagnosis code pertaining to the service rendered. Where Cde_Diag_Seq is 12	**Added for HIPAA (07/2005)**
Diagnosis 13	5	Char	T_UB92_HDR_DIAG_X	CDE_DIAG	Diagnosis code pertaining to the service rendered. Where Cde_Diag_Seq is 13	**Added for HIPAA (07/2005)**
Diagnosis 14	5	Char	T_UB92_HDR_DIAG_X	CDE_DIAG	Diagnosis code pertaining to the service	**Added for**

					rendered. Where Cde_Diag_Seq is 14	**HIPAA (07/2005)**
Diagnosis 15	5	Char	T_UB92_HDR_DIAG_X	CDE_DIAG	Diagnosis code pertaining to the service rendered. Where Cde_Diag_Seq is 15	**Added for HIPAA (07/2005)**
Diagnosis 16	5	Char	T_UB92_HDR_DIAG_X	CDE_DIAG	Diagnosis code pertaining to the service rendered. Where Cde_Diag_Seq is 16	**Added for HIPAA (07/2005)**
Diagnosis 17	5	Char	T_UB92_HDR_DIAG_X	CDE_DIAG	Diagnosis code pertaining to the service rendered. Where Cde_Diag_Seq is 17	**Added for HIPAA (07/2005)**
Diagnosis 18	5	Char	T_UB92_HDR_DIAG_X	CDE_DIAG	Diagnosis code pertaining to the service rendered. Where Cde_Diag_Seq is 18	**Added for HIPAA (07/2005)**
Diagnosis 19	5	Char	T_UB92_HDR_DIAG_X	CDE_DIAG	Diagnosis code pertaining to the service rendered. Where Cde_Diag_Seq is 19	**Added for HIPAA (07/2005)**
Diagnosis 20	5	Char	T_UB92_HDR_DIAG_X	CDE_DIAG	Diagnosis code pertaining to the service rendered. Where Cde_Diag_Seq is 20	**Added for HIPAA (07/2005)**
Diagnosis 21	5	Char	T_UB92_HDR_DIAG_X	CDE_DIAG	Diagnosis code pertaining to the service rendered. Where Cde_Diag_Seq is 21	**Added for HIPAA (07/2005)**
Diagnosis 22	5	Char	T_UB92_HDR_DIAG_X	CDE_DIAG	Diagnosis code pertaining to the service rendered. Where Cde_Diag_Seq is 22	**Added for HIPAA (07/2005)**
Diagnosis 23	5	Char	T_UB92_HDR_DIAG_X	CDE_DIAG	Diagnosis code pertaining to the service rendered. Where Cde_Diag_Seq is 23	**Added for HIPAA (07/2005)**
Diagnosis 24	5	Char	T_UB92_HDR_DIAG_X	CDE_DIAG	Diagnosis code pertaining to the service rendered. Where Cde_Diag_Seq is 24	**Added for HIPAA (07/2005)**
Diagnosis 25	5	Char	T_UB92_HDR_DIAG_X	CDE_DIAG	Diagnosis code pertaining to the service rendered. Where Cde_Diag_Seq is 25	**Added for HIPAA (07/2005)**
Value Code 1	2	Char	T_UB92_HDR_VALUE	CDE_VALUE	Code used to relate values to identified data elements necessary to process a UB92 claim. Where Num_Seq is 1.	Inp and LTC only
Value Amount 1	13 (10,2)	Amount	T_UB92_HDR_VALUE	AMT_VALUE	Dollar amount of the first value code.	
Value Code 2	2	Char	T_UB92_HDR_VALUE	CDE_VALUE	Code used to relate values to identified data elements necessary to process a UB92 claim. Where Num_Seq is 2.	
Value Amount 2	13 (10,2)	Amount	T_UB92_HDR_VALUE	AMT_VALUE	Dollar amount of the second value code.	
Value Code 3	2	Char	T_UB92_HDR_VALUE	CDE_VALUE	Code used to relate values to identified data elements necessary to process a UB92 claim. Where Num_Seq is 3.	
Value Amount 3	13 (10,2)	Amount	T_UB92_HDR_VALUE	AMT_VALUE	Dollar amount of the third value code.	
Value Code 4	2	Char	T_UB92_HDR_VALUE	CDE_VALUE	Code used to relate values to identified data elements necessary to process a UB92 claim. Where Num_Seq is 4.	
Value Amount 4	13 (10,2)	Amount	T_UB92_HDR_VALUE	AMT_VALUE	Dollar amount of the fourth value code.	
Value Code 5	2	Char	T_UB92_HDR_VALUE	CDE_VALUE	Code used to relate values to identified data elements necessary to process a UB92 claim. Where Num_Seq is 5.	
Value Amount 5	13 (10,2)	Amount	T_UB92_HDR_VALUE	AMT_VALUE	Dollar amount of the fifth value code.	
Value Code 6	2	Char	T_UB92_HDR_VALUE	CDE_VALUE	Code used to relate values to identified data elements necessary to process a UB92 claim.	

					Where Num_Seq is 6.	
Value Amount 6	13 (10,2)	Amount	T_UB92_HDR_VALUE	AMT_VALUE	Dollar amount of the sixth value code.	
Value Code 7	2	Char	T_UB92_HDR_VALUE	CDE_VALUE	Code used to relate values to identified data elements necessary to process a UB92 claim. Where Num_Seq is 7.	
Value Amount 7	13 (10,2)	Amount	T_UB92_HDR_VALUE	AMT_VALUE	Dollar amount of the seventh value code.	
Value Code 8	2	Char	T_UB92_HDR_VALUE	CDE_VALUE	Code used to relate values to identified data elements necessary to process a UB92 claim. Where Num_Seq is 8.	
Value Amount 8	13 (10,2)	Amount	T_UB92_HDR_VALUE	AMT_VALUE	Dollar amount of the eighth value code.	
Value Code 9	2	Char	T_UB92_HDR_VALUE	CDE_VALUE	Code used to relate values to identified data elements necessary to process a UB92 claim. Where Num_Seq is 9.	
Value Amount 9	13 (10,2)	Amount	T_UB92_HDR_VALUE	AMT_VALUE	Dollar amount of the ninth value code.	
Value Code 10	2	Char	T_UB92_HDR_VALUE	CDE_VALUE	Code used to relate values to identified data elements necessary to process a UB92 claim. Where Num_Seq is 10.	
Value Amount 10	13 (10,2)	Amount	T_UB92_HDR_VALUE	AMT_VALUE	Dollar amount of the tenth value code.	
Value Code 11	2	Char	T_UB92_HDR_VALUE	CDE_VALUE	Code used to relate values to identified data elements necessary to process a UB92 claim. Where Num_Seq is 11.	
Value Amount 11	13 (10,2)	Amount	T_UB92_HDR_VALUE	AMT_VALUE	Dollar amount of the eleventh value code.	
Value Code 12	2	Char	T_UB92_HDR_VALUE	CDE_VALUE	Code used to relate values to identified data elements necessary to process a UB92 claim. Where Num_Seq is 12.	
Value Amount 12	13 (10,2)	Amount	T_UB92_HDR_VALUE	AMT_VALUE	Dollar amount of the twelfth value code.	
Filler	15	Char	n/a	n/a	n/a	
Billing Provider	9	Char	T_PR_PROV	ID_PROVIDER	Billing Provider ID	
Recipient ID	12	Char	T_RE_BASE	ID_MEDICAID	ID that uniquely identifies a recipient	
Carriage Return	1	Hex	n/a	n/a	1 byte for return at the end of line	